

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation

42 CFR 436.10

AT-78-90

AT-80-34

46 FR 47976

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in  
ATTACHMENT 2.2-A.

☒ Categorically needy only.

☐ Both categorically needy and medically needy.

The conditions of eligibility that must be met are  
specified in ATTACHMENT 2.6-A.

1902(a)(10)(E),  
1902(l) and (m),  
1905(p) and (q)  
and 1920 of the  
Act, P.L. 99-509  
(Sections 9401,  
9402, 9403, 9404,  
and 9407)

All applicable requirements of 42 CFR Part 436  
and sections 1902(a)(10)(E), 1902(l) and (m),  
1905(p) and (q) and 1920 of the Act are met.

TN No. 82-4  
Supersedes  
TN No. 76-4

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P